Have You Had a Checkup Lately?

Routine physical exams with your doctor are important for your health and the health of your family. Preventive care services can protect against adult and childhood illnesses and catch health problems early. Your DoD NAF Health Benefits Program covers physical exams and associated tests and screenings at 100%. Be sure you use this valuable benefit. The charts below show examples of the preventive care services available to you under the plan. They also show screening and immunization schedules based on guidelines recommended by leading health organizations. When you have your next physical exam, bring these guidelines with you and ask your doctor to recommend a schedule that meets your individual needs.

Adult Preventive Care Timeline

Years of Age

Screenings	18	25	30	35	40	45	50	55	60	65	70	75	>			
Physical Exam						One	exam pe	r calenda	r year							
Blood Pressure, Height and Weight	d Pressure, Height and Weight During physical exam															
Cholesterol							Every	5 years								
Vision and Hearing Exams	One exam per calendar year															
Pap Smear and Pelvic Exam ²	Every 1 to 3 years or HPV test and Pap smear every 3 years if results of both are negative															
Mammography	One per calendar year															
Prostate Cancer																
Prostate-Specific Antigen Test (PSA)					Annually											
Digital Rectal Examination (DRE)				Annually												
Colon Cancer (One of the following five screening options is red	comm	ended)														
Fecal Occult Blood Test (FOBT) or										Anr	nually					
Flexible Sigmoidoscopy or Double-Contrast Barium Enema o	r							Every 5 years								
Flexible Sigmoidoscopy and Fecal Occult Blood Test or								FOBT yearly plus Flexible Sigmoidoscopy every 5 years								
Colonoscopy ³										Every	10 years					
Tuberculin (PPD) Testing	High Risk Only															
Immunizations	18	25	30	35	40	45	50	55	60	65	70	75	>			
Hepatitis A							High ı	risk only								
Hepatitis B	High risk only															
Tetanus-Diphtheria (Td)	Td booster every 10 years															
Chicken Pox (Varicella)		2	doses (4	to 8 weel	ks apart) for adults	withou	t a history	y of infec	tion or p	revious i	mmunizati	ion			
Shingles (Zoster)											1 d	lose				
Measles, Mumps, Rubella (MMR)			1	or 2 dose	s for ad	ults withou	ıt a histo	ry of infec	ction or p	revious i	mmunizat	ion				
Pneumococcal Disease	High risk only - 1 to 2 doses 1 dose															
Influenza	One dose annually															
Human Papillomavirus (HPV) Vaccine ⁴																

- 1 To receive preventive care benefits under the Open Choice° plan, you must use in-network doctors. 2 American College of Obstetricians and Gynecologists (ACOG).
- ³ Based on a recommendation of the U.S. Preventive Services Task Force. For more information, visit www.ahcpr.gov/clinic/uspstf/uspscolo.htm. ⁴ Females series of 3 doses over 180 days if not previously vaccinated.



Child Preventive Care Timeline

Months/Years of Age

Screenings	В	1v	2y	3y	4y	5y	6y	7у	8y	9y	10v	11y	12y	13y	14y	15y	16v	17y	18y
Physical Exam	Year	Year 1 7 visits Year 2 2 2 visits One per calendar year															ioy		
Newborn Screening: PKU, Sickle Cell, Hypothyroidism, Hemoglobinopathies	Birth one	to week																	
Head Circumference	Per	riodic	ally																
Height and Weight								Per	iodical	ly durii	ng phy	sical ex	am						
Vision and Hearing Exams	One per calendar year																		
Blood Pressure	Periodically during physical exam																		
Cholesterol	High risk only																		
Tuberculin (PPD) Testing	High risk only																		
Lead (high risk only)																			
Immunizations	В	1m	2m	3m	4m	5m	6m	12m	15m	18m	23m	ı 2y	4y	6y	11y	12y	14y	16y	18y
Hepatitis A									Dose	1	Do	ose 2							
Hepatitis B*	Dose	1 D	ose 2		Dose 3			Dose	4						Dose	e 1-3			
Polio (IPV)			Dose 1		Dose 2			Dose	3				Do	se 4					
Influenza													Annua	lly					
Haemophilus Influenzae Type B (Hib)			Dose 1		Dose 2		Dose 3	Dose	4										
Pneumococcal Disease			Dose 1		Dose 2		Dose 3	Dose	4										
Diphtheria, Tetanus, Pertussis (DTaP/Td)			Dose 1		Dose 2		Dose 3		Dose	4			Do	se 5	Td I	booster			
Measles, Mumps, Rubella (MMR)								Dose	1				Do	se 2	Do	se 2			
Chicken Pox (Varicella)								Dose	1				1 Dose				2	2 Doses	
Meningococcal												11	Oose						

Catch-up, if previously not received. Recommended

* The earliest age at which the last dose of Hepatitis B vaccine can be given is 24 weeks of age.

Sources:

- Adult and Child Preventive Care Timelines adapted from the recommendations of the Agency for Healthcare Research and Quality (AHRQ), and sponsored by U.S. Preventive Services Task Force & the AHRQ Put Prevention Into Practice program. For more information, visit: www.ahrq.gov/clinic/prevenix.htm.
 Adult and Child Immunizations Schedules adapted from the recommendations of the Centers for Disease Control and Prevention (CDC). For more information visit www.cdc.gov/nip/.
 Adult cancer screening guidelines adapted from the recommendations of the National Cancer Institute (NCI). For more information, visit www.cancer.gov.

Contact Aetna Member Services at 1-800-367-6276 or check your Summary Plan Description (SPD) for information about your preventive care coverage. Your SPD explains your coverage in complete detail, including exclusions and limitations.

